

LEVEL 7 ASSESSMENT SPECIFICATION

Student name:	Lee Kar Chung Felix	Student ID number:	1818882
Programme:	DBA		
Module:	Qualitative Research		
Module code:	SBPD7002	Contribution to Overall Module Assessment (%):	100%
Lecturer:	Dr. Stephanie Lee	Internal Verifier:	
Assignment Title:	Evaluation of current research Research Proposal Presentation	Word count (or equivalent):	7,811 in total (including this cover page)
Submission deadline:	October 26, 2019 (Presentation) November 12, 2019 (Evaluation and Research Proposal)	Return date of provisional marks & written feedback:	December 2, 2019
Submission method:	All written assessments, where practical and possible, must be submitted via Turnitin unless otherwise instructed by the Lecturer. (Please DO NOT put this assessment specification into Turnitin or it will match many similarities with other students' submissions.) Alternative submission method (if applicable): Late submission of the assessment will result in a late penalty mark. Penalties for late submission: Up to one week late, maximum mark of 50%. Over one week late, 0%. Only the Extenuating Circumstances Panel may approve a change to submission dates.		
Academic honesty / referencing:	Academic honesty is required. In the main body of your submission you must give credit to authors on whose research and ideas your work is based. Append to your submission a reference list that indicates the books, articles, etc. that you have used, cited or quoted in order to complete this assessment.		

Table of Contents

Part 1	3
Evaluation of current research	3
The full citation for the article chosen	4
Why was this article chosen for review	4
Background for the article chosen	5
Literature review on motivating factors for healthcare workers	5
Proposed research approach	6
The philosophy and theoretical perspectives being employed	6
The data collection method used	8
A critique of the methods used	8
Conclusion	10
Further research suggestions	10
Part 2	12
Can better general practitioner (“GP”) education lead to better retention by GP managers in China? A qualitative study on GP education in China.....	12
Abstract.....	13
Key Words.....	13
Introduction.....	14
<i>Background</i>	14
<i>Research questions – aims and objectives</i>	15
Research Philosophy.....	16
Literature Review	16
Description of context and participants	17
Explanation of data collection steps	18
Explanation of data analysis	19
Preliminary findings.....	19
Discussion that emerged from findings.....	20
Summary of findings and recommendation	21
Future areas of research	22
Limitations	22
References	23
Part 3	24
Presentation on qualitative studies conducted	24

Part 1

Evaluation of current research

The full citation for the article chosen

The full citation for the article chosen is set out below:

Millar, R., Chen, Y., Wang, M., Fang, L., Liu, J., Xuan, Z. and Li, G., 2017. It's all about the money? A qualitative study of healthcare worker motivation in urban China. *International journal for equity in health*, 16(1), p.120.

The international journal for equity in health has a 2 year impact factor of 2.473 and a 5 year impact factor of 2.988¹. According to the journal's website, "*International Journal for Equity in Health focuses on disseminating influential research which examines the political, policy-related, economic, social, and health systems- and services-related influences, particularly with regard to identifying and understanding the systematic differences in distributions of one or more aspects of health in population groups defined demographically, geographically, or socially*²". The article has also obtained funding from the National Natural Science Foundation of China³, which gives further support as evidence on the credibility of the researches conducted.

Why was this article chosen for review

Since the commencement of the DBA programme, the student has continued to focus on examining the development and reform of the primary healthcare system in China. Previous assignments completed by the student have focused on (i) examining motivation theories for leading to changes in organisations (SPBD7004) and (ii) examining possibilities and importance of developing organisational cultures suitable for primary healthcare development in China (SPBD7001).

While the two previous assignments have been more focused on theories, this particular article provides examples of on-the-ground examination of core motivating factors for primary healthcare workers in China. The researchers in this article provides insightful practical guidance, especially relating to how to conduct qualitative researches with primary healthcare workers in

¹ Please see <https://equityhealthj.biomedcentral.com/> for more details

² Please see <https://equityhealthj.biomedcentral.com/about> for more details

³ Please see http://www.nsfc.gov.cn/english/site_1/about/6.html for more details

China. Part 2 of this assignment has, on a few aspects, leveraged on the insights and experience provided in this article. The student is grateful for such guidance.

Background for the article chosen

The researchers chose to examine the motivating factors for healthcare workers in China. While there have been research articles broadly concluding that wages and compensations are the key demotivating factors for primary healthcare workers (i.e. wages too low), there have been relatively less detailed, qualitative examinations on what other factors beyond wages and compensations may contribute to motivating or demotivating workers to perform. The article is interestingly titled to capture readers' interests to question what other factors, beyond money, can contribute to motivating primary healthcare workers. The topic is of significant interest to those, including the student, on examining the future directions for primary healthcare reform in China. Although the article was published in 2017, the article is as relevant today as it was 2 years ago, especially in light of all the recent Chinese government policies promoting the development and urgent reform of the primary healthcare system in China⁴.

Literature review on motivating factors for healthcare workers

The researchers provided a useful literature review on (i) the current status of the China healthcare system and (ii) the current research focus relating to healthcare workers in China. Recent researches have largely focused on reforming the pay structure for healthcare workers, citing that healthcare workers in general perceive great inequity in pay between healthcare professionals working in tertiary care hospital versus those working in the primary care setting. Other researches have also provided suggestions on improving worker dissatisfaction through strengthening human resources development and focusing on development of non-financial incentives. The researchers made an important observation that Chinese policy makers seem to have regarded financial incentives to become *an end in themselves*, overshadowing the importance of other types of incentives such as (i) patients' appreciation in receiving quality healthcare and (ii) the values of healthcare workers serving the interests of the public. These non-financial considerations were

⁴ See the report and information from World Bank; World Health Organization. 2019. "Healthy China: Deepening Health Reform in China. Washington, DC: World Bank". © World Bank and World Health Organization. <https://openknowledge.worldbank.org/handle/10986/31458>

further researched by other scholars, recommending that healthcare systems should also place emphasis on developing other intrinsic motivating factors such as the quality of social interactions and the level of autonomy provided to healthcare workers in their day to day activities (Okello & Gilson, 2015).

Proposed research approach

The researchers wanted to adopt an abductive approach to identify the cause and effect between (i) the findings from the interviews conducted and (ii) the motivational theories and observations in the literature reviews. The researchers were of the view that both extrinsic and intrinsic motivating factors must be put in place for long term human resources maintenance and development. Such views form the basis for the semi-structured interview questions to be asked from the interviewees.

The researchers presented, through qualitative studies, detailed findings on the key determinants of healthcare workers motivation. The researchers summarised their findings into a range of motivating factors and provided their observations classified into four categories, being (1) performance review, (2) meeting patient expectations, (3) meeting patient demand and (4) income generation.

The philosophy and theoretical perspectives being employed

The article does not specifically set out the philosophy or perspectives employed. Based on the student's analysis:

1. *Ontological assumptions*: the researchers seem to have adopted Relativism as their core philosophy. Throughout the article, the researchers conducted interviews with different types of healthcare workers ranging from doctors, nurses and medical centre managers. Since the interviewees have different education background and job scopes, each of them would present a different qualitative feedback on their respective motivating and demotivating factors for their day to day duties. At the same time, since the interviewees all need to work together with the common goal of delivering healthcare services, the researchers tried to identify common motivating themes that apply across all the interviewees, demonstrating that it is possible to respect *relatively different* motivating and demotivating factors for each

category of healthcare workers, whilst at the same time, identifying common motivating factors applicable for all the healthcare workers interviewed;

2. *Epistemological assumptions*: The researchers adopted an *interactive* approach by directly interviewing over 89 candidates to obtain their respective insights. The researchers relied on quotes as evidences and spent significant time in the field to lessen the distance with the interviewees to, *subjectively*, examine their motivating and demotivating factors. The article provided more than 20 quotes from the interviewees as supporting evidence, adding useful colours to the issues being examined;
3. *Axiological assumptions*: other than stating the universities that each of the respective researcher is associated with, the article provided no further social background on the various researchers involved. The researchers have stated, in the literature review section, their thorough understanding of various motivational literatures for healthcare workers in general, and also stated explicitly that they wanted to examine whether such literatures would also apply in the Chinese primary healthcare settings. However, beyond such stated purpose, the researchers did not discuss any other of their personal values that may or may not have shaped the narratives or their interpretation of their insights from the interviews;
4. *Methodology assumptions*: The researchers adopted an abductive approach to their theory building by first, using the ground up theory methodology, to identify insights from the qualitative studies conducted. Second, the key common insights identified were analysed with reference to motivational literatures and theories⁵ to assess the extent to which such literatures and theories may or may not apply in the context of primary healthcare workers in China; and
5. *Method*: The researchers spent time in the field to conduct over 89 interviews that were subsequently transcribed verbatim in Chinese. The researchers then used NVivo software to assist in the coding and analysing of the interview scripts to identify key insights from the interviews.

⁵ Some of the theories referred to have also been discussed in Part 2 of this assignment under the literature review section

The data collection method used

The researchers had three aims. First, to analyse the relationships between monetary incentives and the motivation of healthcare workers. Second, conduct analysis on such healthcare workers' career development and third, analysing the day to day practice of such healthcare workers. The researchers implemented a qualitative research design to gain a detailed understanding of the motivating and demotivating factors for healthcare workers. The researchers also wanted to collect a large representative sample and decided to collect such qualitative data by selecting workers across different regions in China and also selecting different roles (i.e. primarily interviewing doctors, nurses and centre managers).

The researchers conducted semi-structured interviews with workers across Urumqi, Shanghai and Kaifeng. The researchers approached the senior management of various representative hospitals and community health centres in these regions, explaining to them the purpose of the research, and at the recommendation of such senior management, the researchers selected representative doctors, nurses and centre managers who were willing to participate in the interviews. The three locations were selected base on their geographical positioning across China and the respective socioeconomic status of the interviewees. The total sample selected included 30 doctors, 35 nurses and 15 centre managers.

The researchers set out to ask the participants similar questions in relation to what factors would affect their total income, their career development plans, a reflection on their current roles and duties and, more broadly, their views on the overall key issues that the China healthcare system is faced with. The interviews took place over the course of 9 months and lasted between 15 to 45 minutes.

A critique of the methods used

The researchers followed strict ethical guidelines in conducting the interviews. All the participant were given an information sheet about the background of the research and were asked whether they were willing to participate. Informed consent was obtained from the interviewees and the researchers assured such interviewees that their identities would remain anonymous. The researchers also obtained ethical approval from the Shanghai Jiaotong University Ethical Review

Board, thus giving the research conducted a higher level of recognition. The researchers also declared no competing interests.

Given the timing constraint, the researchers only conducted interviews in 3 regions of China. Despite the researchers claiming that the 3 regions provide a good social economic spreads, and hence provide a good representation of the Chinese government's investment in their respective healthcare infrastructures, the researchers would have obtained a better representation by selecting regions based on the tier of the cities involved⁶ (i.e. Tier 1, New Tier 1 to Tier 5) rather than geographical spread. By focusing on the tier of the cities involved, the researchers would have obtained a broader and more in depth understanding of the relationship between the financial resources available (which is generally higher for cities with higher tiering status) and the level of motivation for healthcare workers.

Second, the researchers could also have considered interviewing government officials at the respective regions to understand their policies for healthcare workers' income and career development. As all the Chinese healthcare workers interviewed were government employees, their wish for higher income or the suggestion for a more direct correlation between their income and contribution could only be addressed by the respective regional governments. It is therefore useful to hear the perspectives from the respective governments to understand their policies, their planning and also their restraints in implementing new policies to address such suggestions.

Third, the researchers focused on interviewing healthcare workers employed by the regional governments only. It will also be useful to broaden the research to interview healthcare workers who have left the public healthcare system to join other private healthcare organisations. By interviewing such category of workers, the researchers will be able to obtain a different level of insights of what caused them to leave the government job and what aspects of private practice do such workers find valuable. The researchers may then be able to identity additional insights on how to motivating healthcare workers better.

⁶ See this link for the latest classification of cities in China <https://www.yicai.com/news/100200192.html>

Conclusion

This article highlights the value of qualitative studies in providing in depth observations. Overall, notwithstanding the time constraints as stated by the researchers, the researchers offered refreshing perspectives and provided meaningful suggestions on areas for healthcare stakeholders to focus on to improve healthcare workers motivation. The researchers also provided suggestions on how a mixed method research with cross sectional survey on income levels would provide further useful perspectives.

Although the researchers did conclude that income is one of the key motivating and demotivating factors, through the qualitative studies conducted, the researchers provided new perspectives such as (i) recognising the importance of effective performance review as a key motivating factor and (ii) acknowledging that the nature of work for primary healthcare workers in China⁷ should be modified to become more intellectually challenging. Future researches could consider examining these factors further through qualitative studies.

Further research suggestions

In addition to the suggestions made by the researchers, the student suggests for future researches to (i) investigate the effectiveness of the current primary healthcare training system in serving the front line needs of the healthcare workers and (ii) examine the application of technology to the primary healthcare system.

For (i), the student will investigate in further details in Part 2 of the assignment. For (ii), the significant advances in information technology in China has already improved the ability for organisations in different industries to measure outcomes and performances. While there have been numerous researches analysing the reasons behind the inequitable pay levels for healthcare workers in different facilities settings (i.e. higher pay for hospitals' staff versus lower pay for community health centres' staff), there have been relatively less researches measuring the relationship between pay levels for healthcare workers and the effectiveness of outcome from the

⁷ For example, there is an administrative requirement for general practitioners in China to enrol up to 500 families per month to provide holistic general practice services

patients' perspective, such as whether the healthcare services provided achieved what patients expect from the service providers.

Internationally, there is an increasing focus on valued based healthcare⁸, whereby services are valued or paid in terms of outcome rather than the type of services provided. The researchers hinted on such future directions in the article by suggesting that a possible way to make pay levels more equitable is to switch from a fee-for-service model (i.e. healthcare payers would pay for services as incurred) to a fee for capita model (i.e. healthcare services are paid on a per capita basis for a pre-determined population regardless of the population's specific health conditions) to encourage healthcare workers to work as a team to deliver healthcare services that are measureable with reference to patient health outcomes.

The student believes that the embedding of measurement technologies into the payment system and the clinical information system in selected facilities in China will facilitate the development of more mixed method researches to examine further the cause and effect relationships between financial/non-financial incentives and motivation for healthcare workers. Such will definitely be researches worth pursuing.

⁸ See recent article published by Harvard Business Review <https://hbr.org/2019/10/a-5-point-model-for-value-based-health-care>

Part 2

Can better general practitioner (“GP”) education lead to better retention by GP managers in China? A qualitative study on GP education in China

Abstract

Can better general practitioner (“GP”) education lead to better retention by GP managers in China? A qualitative study on GP education in China

An ageing population, prevalence of non-communicable chronic diseases and a fast increasing health expenditure in China has led the Chinese government to roll out a series of health reform initiatives over the past few years. One of such key initiatives is the primary healthcare reform, with the Chinese government investing significantly on recruiting, training and retaining general practitioners (GPs, also known as family doctors) to practice at community health centres. The Chinese government is committed to have 5 family doctors for every 10,000 by 2030. However, research shows that family doctors working in community health centres are generally not motivated and are considering leaving. Of all the demotivating factors identified, the effectiveness of training for GPs have rarely been examined. Through this qualitative study conducted with GPs across China, detailed feedback have been obtained, with suggestions on how the current GP training programmes can be enhanced to become a GP led training model, delivering more practical and more patient based trainings. It is suggested that with more fit for purpose trainings provided to front line GPs, their job satisfaction should increase, leading to better patient engagement and more investment by various regional governments, with the hope that such effort will ultimately lead to better benefits for GPs and easier recruitment and retention of GPs by GP managers.

Key Words

China GP training, China GP continuing medical education, GP led training, China primary care reform, patient based training, motivating factors for GP, GP retention in China, China community health centres

Background

General practitioners (“GPs”), also known as family doctors, are the most critical workforce that work closely with other primary healthcare workers to deliver efficient and effective Primary Health Care (“PHC”) to our society. PHC refers to the first point of contact between healthcare organisations and individuals seeking healthcare services. An effective PHC system goes beyond just delivering curative care. A functioning PHC system also emphasise on disease prevention and health promotion, aiming to divert patients from seeking care from hospitals⁹.

From PHC to specialists and hospital based care

It has been shown that increased investments in primary care delivery can lead to reduction in secondary care, leading to a decrease in healthcare costs as a whole¹⁰. China was one of the earliest countries globally to recognise the importance of PHC. In the 1950s to 1970s, the “barefoot” doctors were playing important roles in health maintenance, acting as first point of contact with patients and population and became well known internationally as a PHC model to be referenced. However, as part of China’s economic reform, starting in 1978, the healthcare system in China became market oriented, hospitals became self-funded and gradually became specialists based, with sources of revenue based on a fee-for-service model. Such model led to increasing out of pocket expenses for the population and unnecessary usage of services and drugs as a whole (Wang, et al., 2015).

Healthcare reform to go back to PHC – the need to recruit and retain more family doctors

The Chinese government recognised such challenges and has issued numerous policies to promote the development of PHC and committing significant funding, especially in relation to the recruitment, training, development and retention of GPs to work in Community Health Centres (“CHCs”) across China. Despite such concerted effort, there are not enough family doctors joining

⁹ See research summary published by the Bauhinia Foundation
http://phc.bauhinia.org/assets/docs/Executive_Summary_20190910_ENG.pdf

¹⁰ World Health Organisation website: https://www.who.int/docs/default-source/primary-health-care-conference/phc---economic-case.pdf?sfvrsn=8d0105b8_2

and staying in the PHC workforce, meaning that the Chinese government will likely face challenges in meeting its goal of 5 family doctors for every 10,000 by 2030¹¹.

Factors affecting the recruitment and retention of family doctors

Numerous researches have been conducted over the past 10 years examining considerations relevant to the recruitment and retention of family doctors in China. Among various considerations such as low salary and social status, *training and job satisfaction* are constantly listed as the key contributing factors for family doctors in choosing whether to stay on to practice at CHCs.

Research gap

There has been relatively few qualitative studies on whether the current GP trainings provided by the government are serving such considerations. Based on preliminary discussions held with numerous family doctors working in CHCs since early 2018, the trainings are generally not well received for a variety of reasons, such as trainings are being led by specialists and hence are not practical or relevant enough for their day to day duties.

By acknowledging that family doctors derive a strong sense of job satisfaction when they are able to help their patients (see literature review below), and which would require doctors to constantly keep learning the latest consultation skills and knowledge in family medicine, it is worthy for CHCs to examine whether the current trainings and the continuing professional development offered by CHCs to their doctors are serving such purpose.

Research questions – aims and objectives

The aim of this study is to identify areas for improving the current trainings delivered to GPs working in (i) private practice and (ii) in CHCs in China.

To achieve this, the objectives are (i) to understand the nature and scope of family doctor training programmes and the advantages and disadvantages of these programmes, (ii) to seek feedback on how the current training programmes would compare with other GP training programmes managed by organisations outside of China and (iii) to obtain specific feedback on the strengths and weaknesses of the current specialist led training models for GPs.

¹¹ http://www.gov.cn/zhengce/content/2018-01/24/content_5260073.htm

Research Philosophy

The researcher is an executive director at UMP Healthcare¹² and is one of the founders of the GOLD¹³ programme. The researcher's *axiological* stance is that as a manager, regardless of which industry you are in, the most effective and sustainable way to lead a team is by discovering the intrinsic motivation of the team members involved, and creating an environment that serves both the corporation's goals and such intrinsic motivations. That is not to say extrinsic motivation factors are not important, but usually external motivation factors, such as higher salary, cannot be implemented easily due to resource constraints.

For managers of CHCs who are typically also faced with budget constraints, CHCs should guide their doctors to re-discover or confirm their intrinsic motivation of job satisfaction from helping their patients. The researcher has chosen to focus on family doctor training, but there would be other areas such as career advancement and job rotations that future researches can focus on.

Interpretivism is the core *ontological* stance adopted. In terms of the researcher's *epistemological* approach, the researcher believes that through asking open questions and using the *grounded theory approach as the methodology*, the doctors interviewed shall be able to share their frontline experience in relation to the current trainings provided to them, provide insights on areas for improvement and also help develop more detailed understanding on their intrinsic motivation to learn.

Literature Review

The primary care reform initiated by the Chinese government in 2006 led to extensive development of CHCs across China, and with such development, also a significant demand for CHCs to recruit and train more family doctors (Wang, et al., 2007). Since such announcement, researches have focused on examining the relationship between stability of the family doctors and the quality and delivery of healthcare, showing that significant number of family doctors are reporting large workloads, job pressure and with high turnover intentions (Shi, et al., 2013). Motivating factors

¹² UMP Healthcare Holdings Limited is a main board listed company (stock code 722:HK) that delivers healthcare solutions to corporates and individuals throughout Hong Kong, Macau and Mainland China.

¹³ Please see www.goldgptraining.com for further details

for family doctors to improve their performance were examined, which include working conditions and income, living environment, benefits, professional development and training opportunities (Hung, et al., 2013). Other researches that focused on selected regions in China also focused on how to improve job satisfaction for doctors, including factors such as wages and benefits, career development and recognition (Li, et al., 2014). These findings were further supported by later researches that similarly identified financial rewards and professional development as the key predictors of job satisfaction (Zhang, et al., 2015). A qualitative study conducted in 2017 (details of which are set out in Part 1 of this assignment) examined specifically the impact of financial incentives, summarising that more attention should be given to the motivating factors of career development and to nurture motivations through building up trust among patients, fellow health workers and the public (Millar, et al., 2017).

It is well supported that a good career and professional development for doctors is a major contributing factor to job satisfaction and staff retention. Career and professional development requires training and also a conducive working environment for the doctors to perform. For this research, the effectiveness of training shall be assessed through interviews with selected practicing doctors across China, especially those working in the Greater Bay Area¹⁴.

Description of context and participants

UMP Healthcare has been conducting the GOLD training programme for more than 100 GPs across China since early 2018, with a regional focus on the Greater Bay Area. Under Chinese regulations, the various regional governments are required to provide continuing medical trainings for doctors practicing at the CHCs. The CHCs have discretion in choosing different types of trainings they wish to provide to their doctors. Of the various training courses to choose from, the GOLD programme has become one of the more popular GP focused training programmes selected from various regional governments. The delivery of the training programme allows UMP to build personal connections with numerous family doctors, setting the background and providing connections for selecting doctors to be interviewed.

¹⁴ See <https://www.bayarea.gov.hk/en/home/index.html> for more details

Out of the more than 100 doctors that are currently trained by UMP under the GOLD Programme, 8 doctors from each of Beijing, Shanghai, Guangzhou Pan Yu district, Guangzhou Haizhu district, Guangzhou Yuexiu district, Dongguan and Zhongshan were selected. Of the 8 doctors, 2 of the doctors are employees of UMP, with the remaining 6 doctors employed by their respective regional governments. All of the doctors selected deliver general outpatient services at their respective service locations. Age of the doctors ranged from approximately 30 to 60 years old.

Explanation of data collection steps

A form that sets out the details for the one-on-one telephone interview was sent to the participants. The form set out the purpose of the study and a description of the rights of the interviewee. It was explained that the purpose of the study was to identify areas for improving the current trainings delivered to GPs working in private practice / CHCs in China. Interviewees were informed and acknowledged that they could withdraw from the study at anytime.

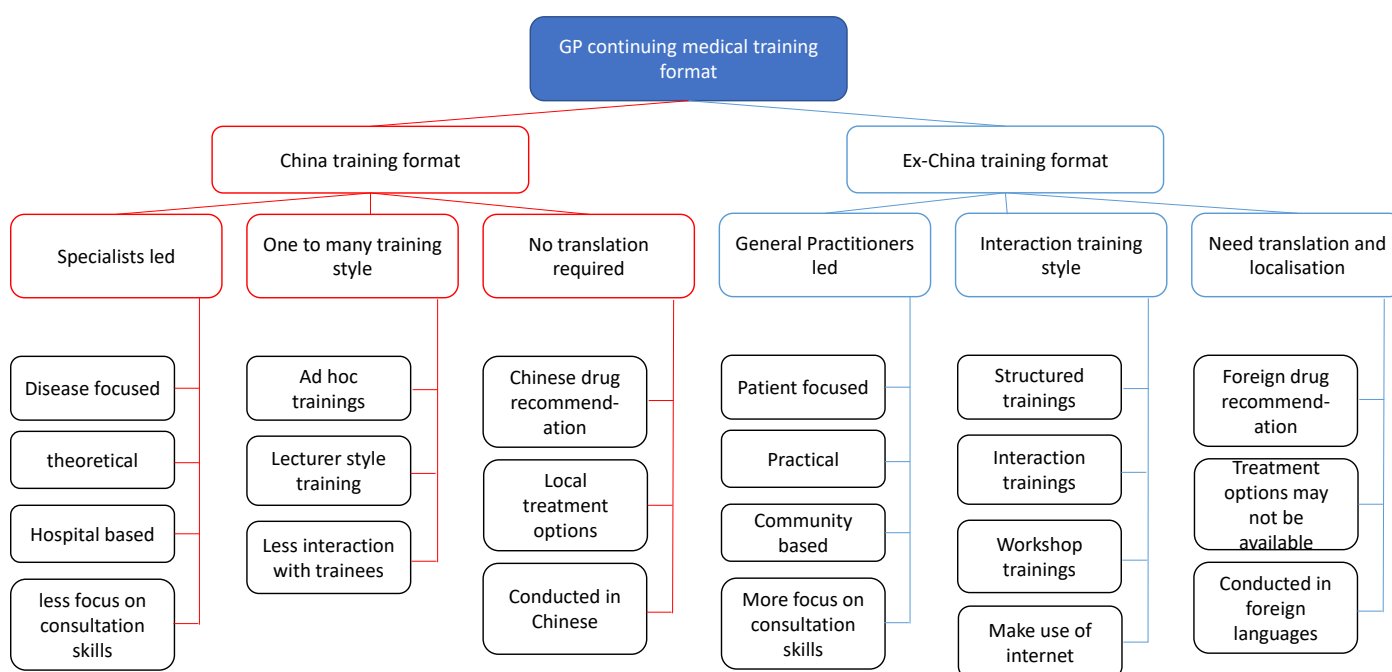
A series of open questions were asked through a semi-structured interview format, with some initial questions for guidance such as asking generally for the interviewee's opinion on the strength and weaknesses of the current training modules delivered in China. Once the interviewees began responding, they were prompted to keep elaborating and commenting on their responses. It was explained to the interviewees that the conversation will be audio-taped and only be used for research purposes. It was also explained that the recording can be stopped at anytime at the interviewee's request. Interviewees were informed that direct quotes from them may be used in the paper, but their names and other identifying information will be kept anonymous. The actual semi-structured interview questions are set in the presentation in part 3 of this assignment.

Explanation of data analysis

The interviews were conducted between October 12 to 19, 2019. The interviews were recorded and lasted between 20 to 50 minutes. As the interviews were being conducted, notes on key themes were written down during the interview and cross checked afterwards against the recordings. The notes on the key themes were then reviewed again to check for consistency. Recordings were re-played to check for further common themes identified across the eight doctors. Without using coding software, key common themes were identified and relationships across these themes were explored and analysed. When certain themes were leading to mixed interpretations, recordings were re-played again and certain themes were re-coded to ensure better consistency.

Preliminary findings

A coding tree and a summary of the key findings with respect to each of the objectives are set out below:



No.	Objectives	Preliminary Findings
1.	To understand the nature and scope of family doctor training programmes and the advantages and disadvantages of these programmes	- Most doctors have attended either the government GP training programme or the Specialist-to-GP conversion programme - Training programmes are mostly broken down into modules, with modules led by specialists from hospitals - Training model typically take the one-teacher-to-many lecture style with little interaction with students

No.	Objectives	Preliminary Findings
		- Advantages of these programmes include in-depth latest knowledge are taught by various specialties; training programmes are recognised by the various governments as accredited continuing medical education programmes - Disadvantages include knowledge not too practical for day to day GP practices; training models primarily focused on disease and less on consultations skills; training modules are more ad hoc and less structured
2.	To seek feedback on how the current training programmes would compare with other GP training programmes delivered by foreign organisations in China	- Advantages include: strong GP origin teachers teaching general practice; structured programme; practical for day-to-day consultations; focused on teaching the treating of the patient as a whole and not just treating a disease, encourages self-learning; more interactive learning; strong focus on consultation skills training - Disadvantages include: language and cultural differences; foreign guidance on therapies and drug usage could be different from China guidelines and need further localisation; trainings not as easy to arrange due to foreign teachers traveling into China; less in-person trainings and more focused on distant and remote learning; GP training still not broadly recognised by various governments, hence making it more difficult for wide adoption
3.	To obtain specific feedback on the strengths and weaknesses of the current specialist led training models for GPs	- Advantages include: much deeper knowledge on specific diseases than just GP training; beneficial to new GPs when they first start practicing as such specialist training equip them with more in depth specific knowledge on treatments; foreign GP training model is too new for the China market, meaning GP doctors will take a longer time to adjust than staying track with specialist focused training model - Disadvantages include: not practical enough for GP day-to-day practices; not enough training on consultation skills, which is critical for GP consultations

Discussion that emerged from findings

The 8 doctors interviewed all expressed consistent feedback that the current GP training arrangements in China need to become (i) more practical, (ii) more interactive, (iii) more focused on consultation skills development and (iv) more being led by GPs rather than specialists.

Although the foreign GP training arrangements have obvious shortcomings such as different teaching language and the different types of drugs and treatments being taught may not be

applicable to patients in China, the general feedback were that the teaching of consultation skills by these foreign GP training courses provide very practical guidance for doctors who work in the frontline.

One particular doctor specifically commented on the current state of the specialist led training system in China:

“I have attended quite a few of the training courses in China. Various specialists from renowned hospitals are invited to speak on certain topics. These specialists teach us a lot of specific details on various diseases. However, in my day to day practice, I hardly come across these diseases. In any event, because these diseases are rare, I would usually just refer any related and uncertain cases to the hospitals right away. I don’t have confidence in dealing with these cases. Also these training courses are usually lecture based without much interaction or chances to ask questions.”

Another doctor commented on his feedback after attending other foreign GP training courses:

“These foreign courses place less emphasis on knowledge. The teachers expect us to learn the knowledge on our own. In fact, these foreign courses teach us some very practical skills, especially on consultation skills and how to deal with difficult patients. It also teaches us what to do when we do not know the specific symptoms of the patients. The teachers are more interactive and give us chance to ask practical questions. Notwithstanding some difficulty in understanding their (foreign GP training teachers) spoken Chinese, the teachers gave very valuable guidance on how to become a practical, all rounded family doctor.”

Summary of findings and recommendation

The interviews provided very detailed feedback on the state of the current GP training system in China. Through a comparison with foreign GP training systems, significant areas of improvement have been suggested and readily implementable. The current GP training model is not sufficient enough to equip GP doctors serving on the frontline to deliver quality primary care. It is not sufficiently practical to serve the day to day needs of front line GP doctors.

The feedback also shows that a commitment to improving the current state of the GP training system could become one of the key tools in assisting GP managers to retain, motivate and recruit

more GPs. A localized, GP-led training programme delivered in Chinese would be more appropriate and more practical than the current specialist led GP training programme. To cater to the demands of the local GP doctors, future GP training programmes can also consider integrating certain specialist topics.

A well trained GP workforce that is fit for purpose will likely increase job satisfaction for the doctors involved, will lead to better patient interactions and trust, which all should lead to more reasons for GPs to consider staying in the workforce and adopt a longer term mindset to their career development. Such longer term mindset will have a higher chance than the current state to deliver a win-win-win (i) for the GP doctors, as they develop their respective expertise for their working environment and which should, ultimately, lead to better wages and benefits, (ii) for patients, who will be able to seek quality primary care without going to hospitals and (iii) for GP managers, who will be more equipped to develop a more stable and motivated workforce for their operations.

Future areas of research

Future areas of research should also develop more in-depth qualitative studies on other motivating and demotivating factor such as career advancement opportunities and salaries and wages reform.

Limitations

There are obvious limitations in this research as the interview size is relatively small and the doctors are mostly concentrated in the Greater Bay Area only. Further, while interviewing the GP doctors for the effectiveness of GP training is appropriate, it would also be of great value to interview the GP managers (both the managers of private clinics and community health centers) to seek their feedback on whether and how the current GP trainings they have adopted are serving the purposes of development, recruitment and retention.

References

1. Hung, L., Shi, L. W. H., Nie, X. & Meng, Q., 2013. Chinese primary care providers and motivating factors on performance. *Family practice*, 30(5), pp. 576-586.
2. Li, L. et al., 2014. Work stress, work motivation and their effects on job satisfaction in community health workers: a cross-sectional survey in China. *BMJ open*, 4(6), p. 004897.
3. Millar, R. et al., 2017. It's all about the money? A qualitative study of healthcare worker motivation in urban China. *International Journal For Equity In Health*, 16(1), p. 120.
4. Okello, D. & Gilson, L., 2015. Exploring the influence of trust relationships on motivation in the health sector: a systematic review. *Human resources for health*, 13(1), p. 16.
5. Shi, L. et al., 2013. Chinese primary care physicians and work attitudes. *International Journal of Health Service*, 43(1), pp. 167-181.
6. Wang, H. et al., 2015. The development of urban community health centres for strengthening primary care in China: a systematic literature review. *British medical bulletin*, 116((1)), pp. 139-153.
7. Wang, J. et al., 2007. Primary care reform in the Peoples' Republic of China: implications for training family physicians for the world's largest country. *Family Medicine - Kansas City*, 39(9), pp. 639-643.
8. Zhang, M. et al., 2015. Job satisfaction of urban community health workers after the 2009 healthcare reform in China: a systematic review. *International Journal for Quality in Health Care*, 28(1), pp. 14-21.

Part 3

Presentation on qualitative studies conducted

Can better general practitioner (“GP”) education lead to better retention by GP managers in China? A qualitative study on GP education in China

SBPD7002 – Qualitative Research

By Mr. Lee Kar Chung Felix

Student number: 1812882

October 26, 2019

Email: felix.lee@ump.com.hk

About Myself



Mr. Felix Lee

Executive Director, Corporate Development and Strategy, UMP Healthcare Holdings Limited (722:HK)

- Extensive experience in managed care, healthcare reform in China and private equity investments in healthcare
- One of the co-founders of the GOLD Programme (www.goldgptraining.com)
- Other roles:
 - Head of healthcare investment at Chow Tai Fook Enterprises
 - Independent non-executive director, China Resources Medical (1515:HK)
 - Greater Bay Area and China Committee members, Hong Kong General Chamber of Commerce

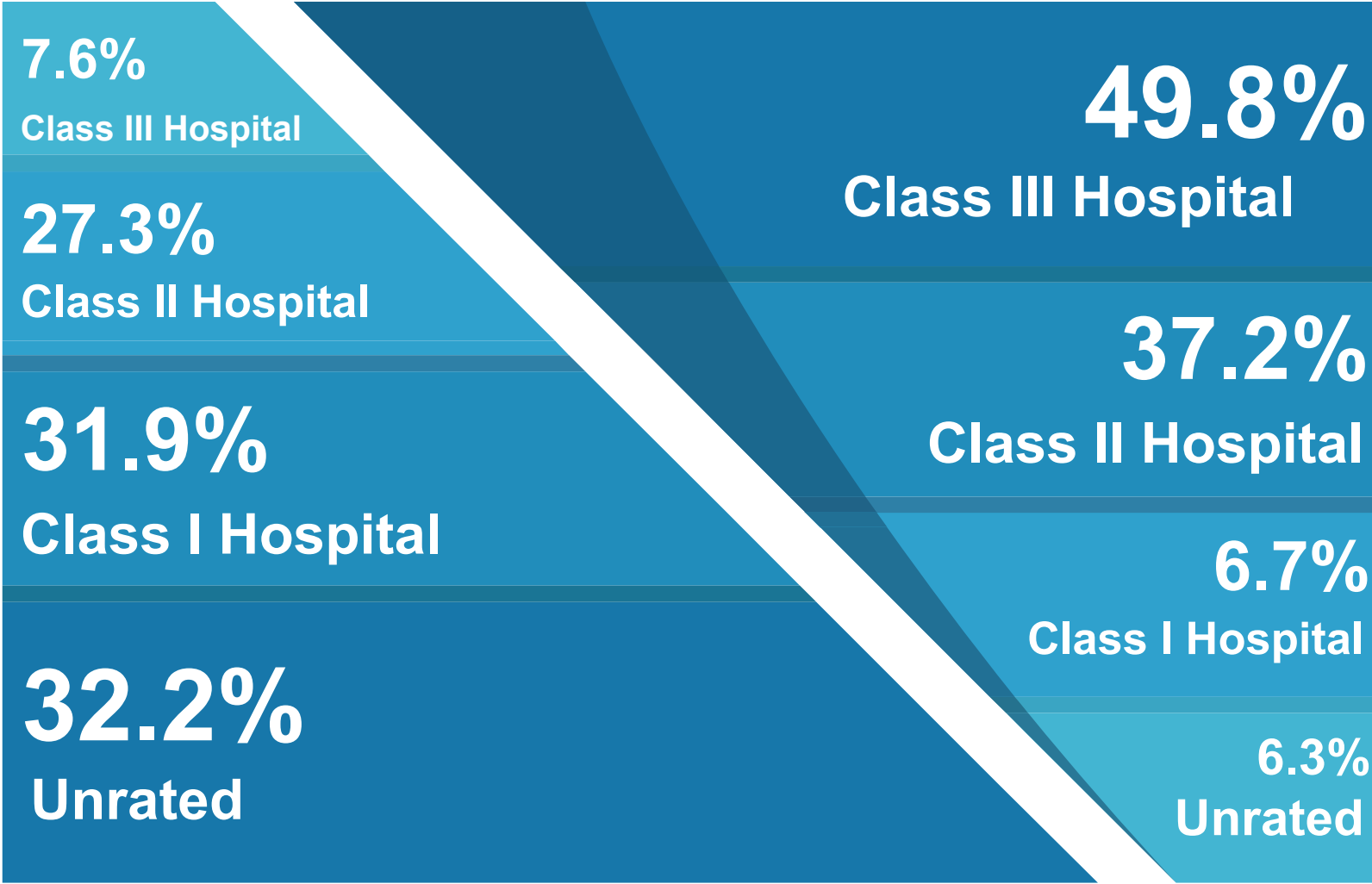
The problem – crowded public hospitals in China



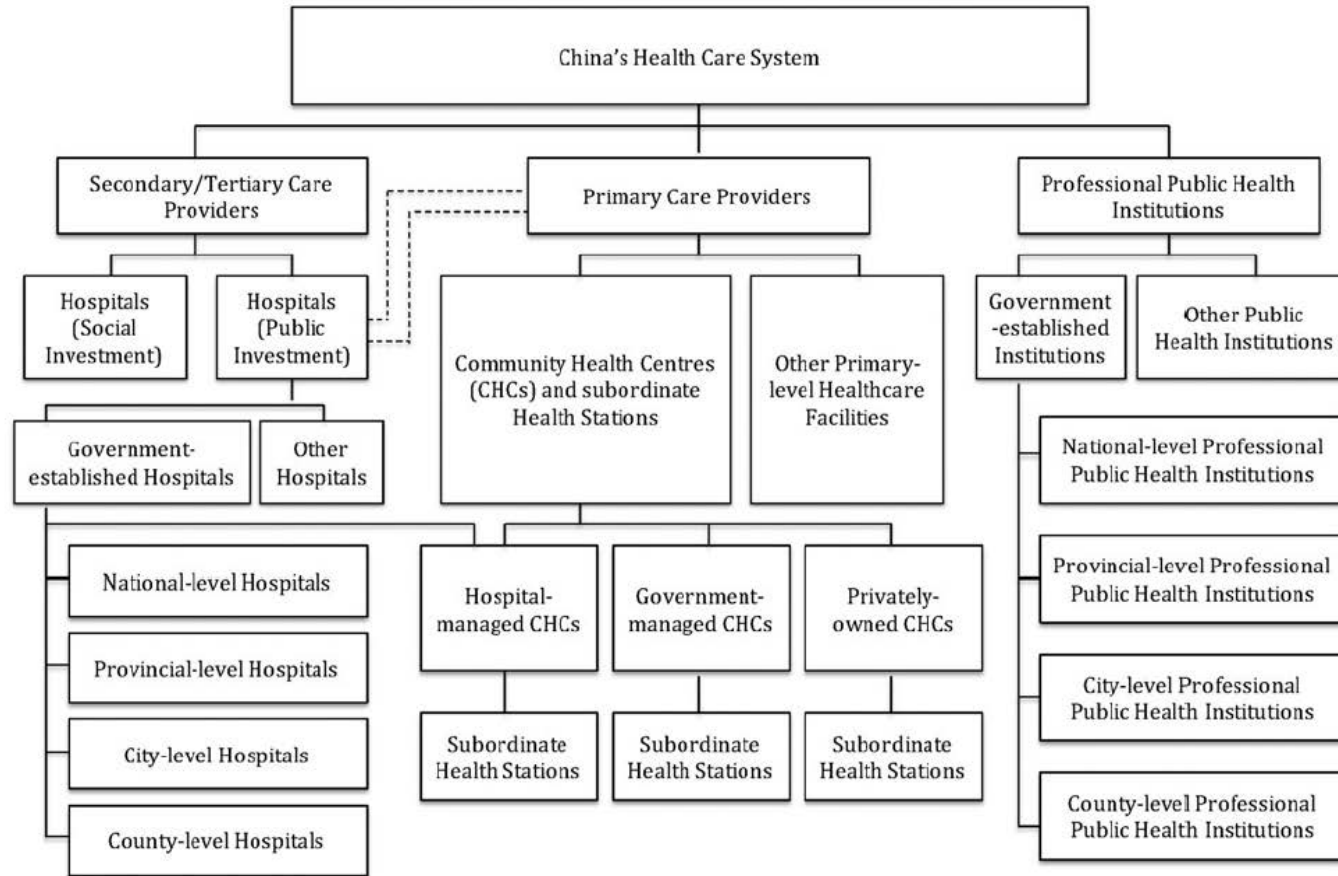
What happened?

Breakdown of hospitals by tier in 2017

No. of annual outpatient visits in 2017



China healthcare system overview



Reference:

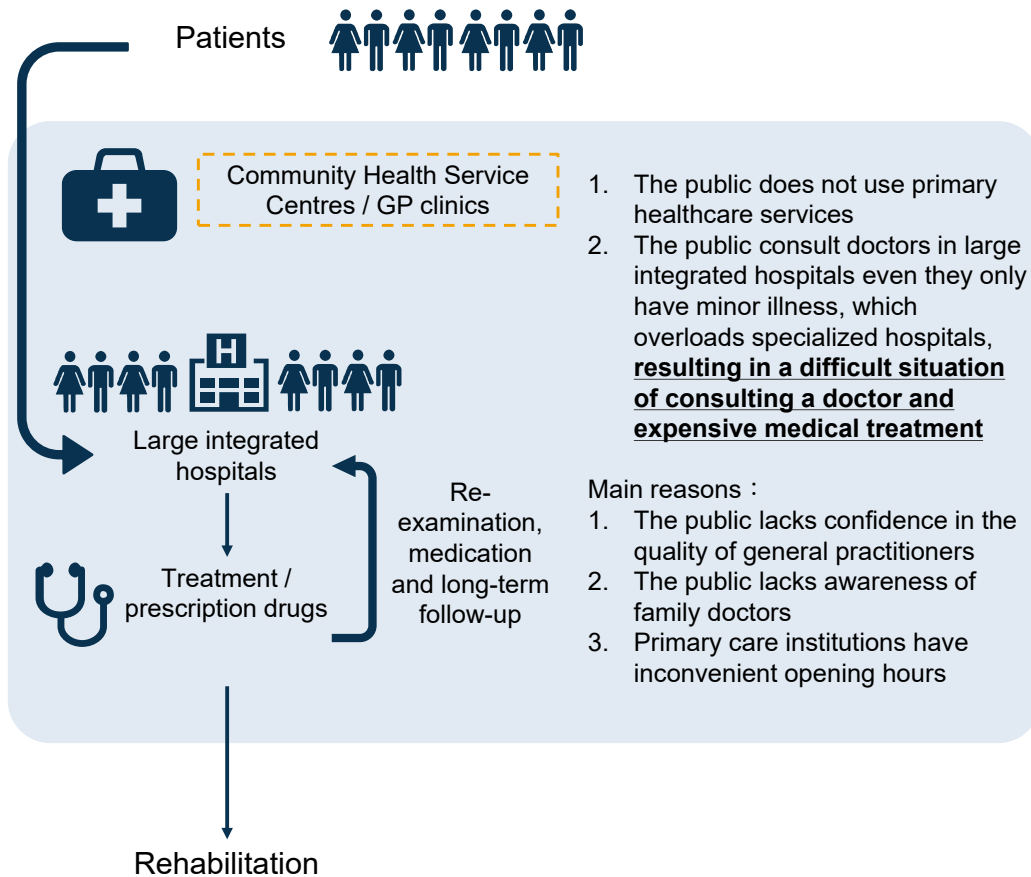
Wang, H.H., Wang, J.J., Wong, S., Wong, M., Mercer, S.W. and Griffiths, S.M., 2015. The development of urban community health centres for strengthening primary care in China: a systematic literature review.

British medical bulletin, 116(1), pp.139-153.

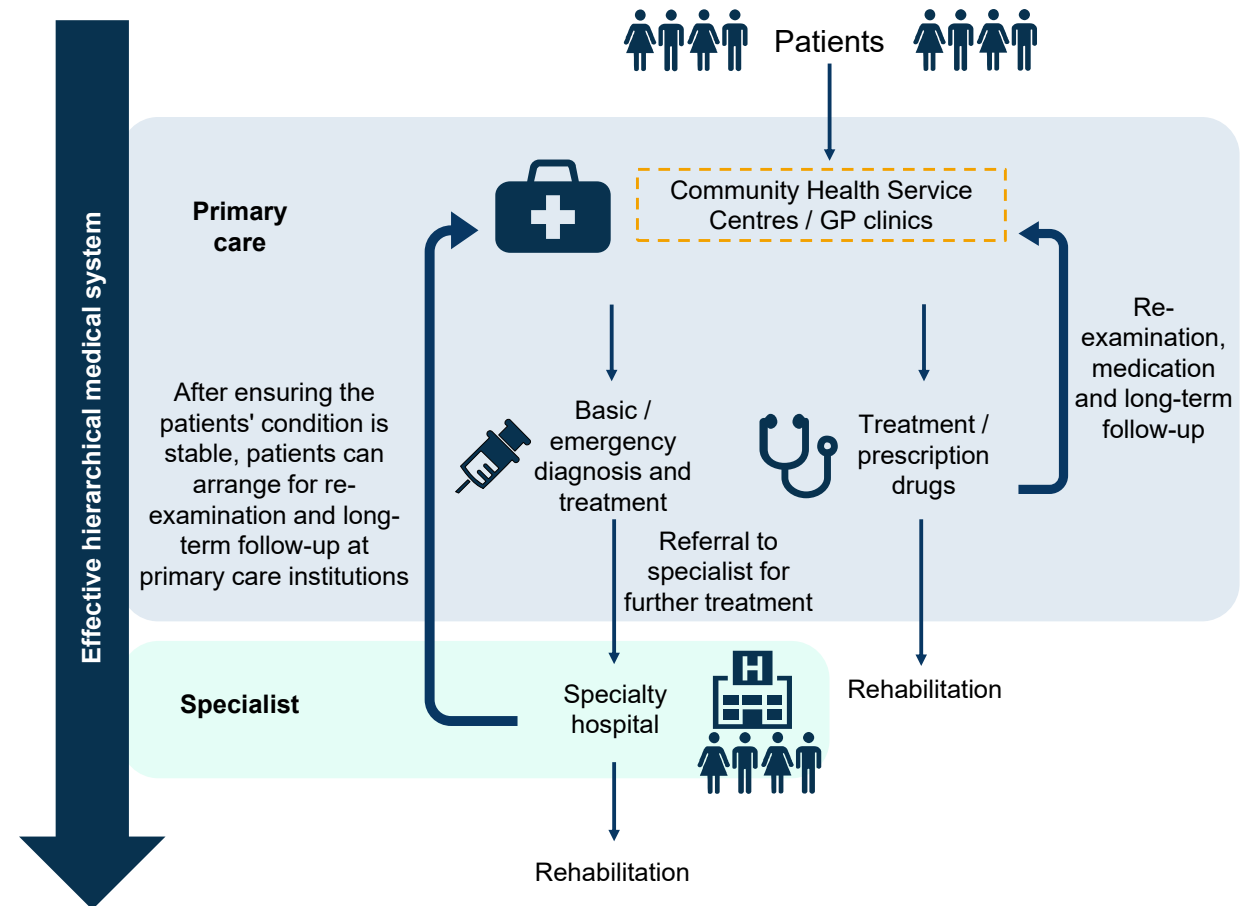
Fig. 1 Healthcare system and primary care providers in China. The healthcare structure is depicted according to the most recent National Healthcare Policy-announcement of strategic plan on National Health Care Service System (2015-20): State Council, P.R. China, 2015. The dashed lines denote dual referral channels between primary care and secondary (tertiary) care providers. Other hospitals refer to hospitals established by the military, state-owned or collectively owned enterprises. Other primary-level healthcare facilities include township health centres and stations, village clinics and countryside infirmaries. Professional public health institutions include centres for disease control and prevention, regulatory and supervisory bodies, maternal and child health centres, first aid centres and stations, as well as blood donor centres. Other public health institutions refer to institutions established by the state-owned or collectively owned enterprises.

Current reality in China

Reality in China



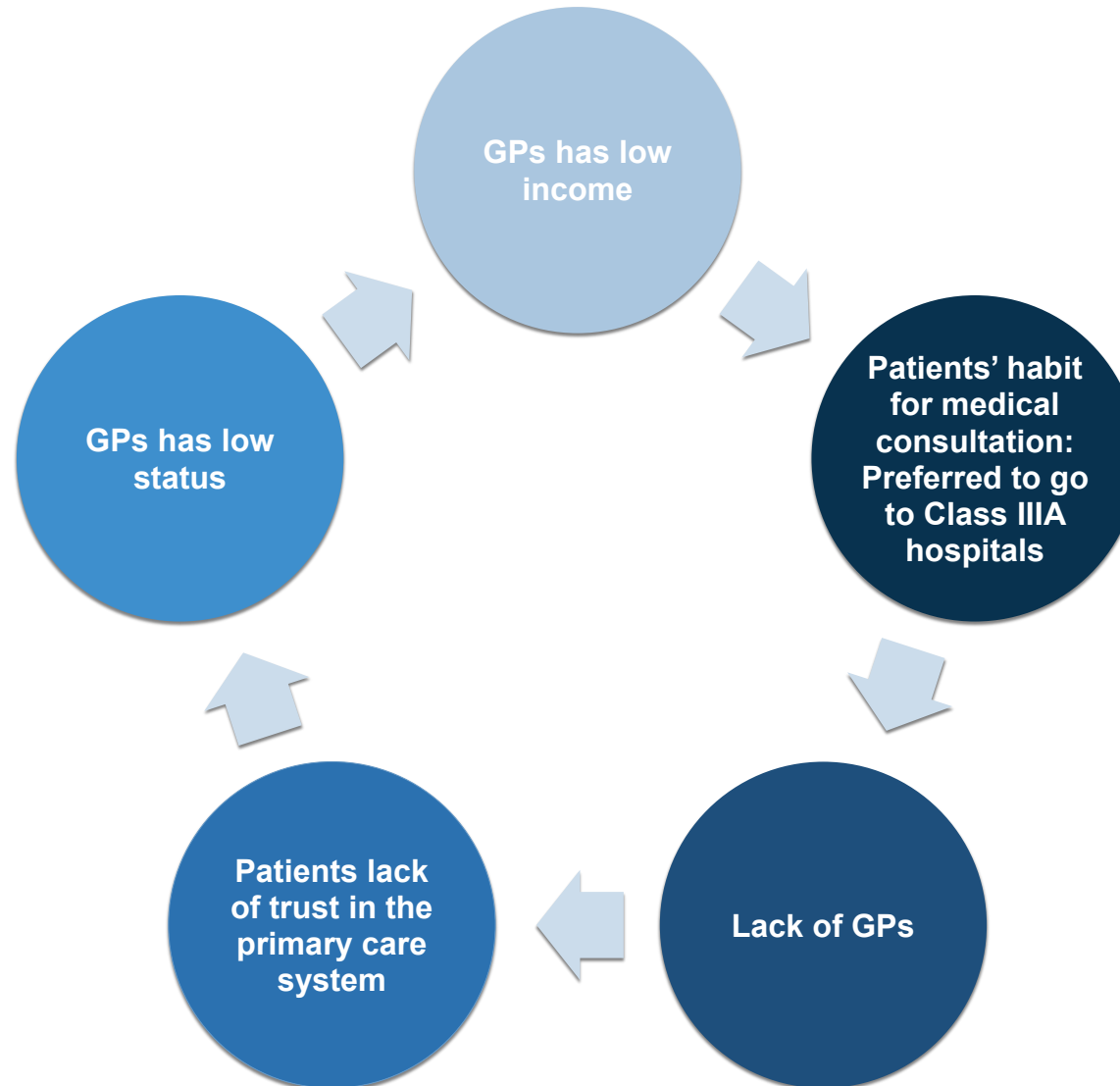
Reality in Other Countries (i.e. USA and UK)



Literature Review – analysis of intrinsic and extrinsic motivations for GPs working in China

- (Shi, et al., 2013) - significant number of family doctors are reporting large workloads, job pressure and with high turnover intentions
- (Hung, et al., 2013) – examining motivating factors for family doctors to improve their performance, which include working conditions and income, living environment, benefits, professional development and training opportunities
- (Li, et al., 2014) - examining factors such as wages and benefits, career development and recognition as intrinsic and extrinsic motivating factors
- (Zhang, et al., 2015) - identified financial rewards and professional development as the key predictors of job satisfaction as intrinsic and extrinsic motivating factors
- (Millar, et al., 2017) - examined motivating factors of career development, nurture motivations through building up trust among patients, fellow health workers and the public

Research idea - how can we break the vicious cycle and keep GP doctors working in primary care?



Research Gap – more details on effectiveness of GP training required

- Literatures continue to identify key extrinsic and intrinsic motivating factors, but lack details on examining further on why and how each specific factor is considered from the doctors' standpoint
- Most government officials and general practitioners just “accept” that such is the way for GP education in China, leading to patients' strong preference to seek specialist care instead of generalist care

Better education can be a good starting point for breaking the vicious cycle

- GP education forms the backbone of equipping doctors with the necessary skills and knowledge
- With such skills, both doctors and patients' satisfaction can improve, laying the grounds for higher recognition
- Eventually higher budgets / wages once such services are seen as helping the government to deliver

Research philosophy and assumptions

- *Ontological* – Interpretivism
- *Epistemological* – On the ground, in-person discussions and interactions with GP doctors
- *Methodology and methods* – grounded theory approach and adopting interviews as the methods to identify knowledge
- *Axiological assumptions* – For managers to drive changes and solve social problems, managers must reduce the various issues to the most critical common problem first. A common sense approach to cause and effect is required to drive and deliver changes

Grounded theory – Effective GP training is the key to reform

Crowded public hospitals in China – require patient triage to primary and secondary care

Primary care remains under-invested; patients prefer to see doctors in hospitals

Secondary and tertiary care relatively well developed with large and modern hospitals

Need better and more capable primary care doctors – need to recruit, train and retain these doctors and identify their intrinsic and extrinsic motivating / demotivating factors; address them and break the vicious cycle

I do not have the skills to practice

Patients just ask for referrals to hospitals

Poor doctor patient relationship

Low salary and low social status

Poor working conditions

No continuing professional skills development

Proposed grounded theory

Effective GP training that serves day to day practical purposes

Professional skills enhancement; being able to treat more patients without referral

Better patient experience leading to higher job satisfaction; further government investment

Treating more patients lead to increasing wages and benefits + incentive schemes

Extra resources leading to more investment in physical working conditions

More willing to stay at the organization to learn and improve; leading to more / better retention of primary care doctors

Research question, aims and objectives

Research question

Can better GP education lead to better retention by GP managers in China?

The aims

To identify areas for improving the current trainings delivered to GPs working in (i) private practice and (ii) in community health centers in China

The objectives

- to understand the nature and scope of family doctor training programmes and the advantages and disadvantages of these programmes
- to seek feedback on how the current training programmes would compare with other GP training programmes managed by organisations outside of China
- to obtain specific feedback on the strengths and weaknesses of the current specialist led training models for GPs

Description of context and participants – 8 GP doctors selected for interview

- Out of the 200 doctors that are currently trained by UMP under the GOLD programme, 8 doctors from each of Beijing, Shanghai, Guangzhou Pan Yu district, Guangzhou Haizhu district, Guangzhou Yuexiu district, Dongguan and Zhongshan were selected
- Of the 8 doctors, 2 of the doctors are employees of UMP, with the remaining 6 doctors employed by their respective regional governments
- Age of the doctors ranged from approximately 30 to 60 years old

Explanation of data collection steps and data analysis

- A form that sets out the details for the one-on-one telephone interview was sent to the participants
- The form sets out the purpose of the study and a description of the rights of the interviewee
- Interviewees were informed and acknowledged that they could withdraw from the study at anytime
- Once the interviewees began responding, they were prompted to keep elaborating and commenting on their responses
- It was explained that conversations will be audio-taped; recording can be stopped at anytime at the interviewee's request
- Interviewees were informed that direct quotes may be used; identity information will be kept anonymous
- The interviews were conducted between October 12 to 19, 2019. The interviews were recorded and lasted between 20 to 50 minutes
- Notes on key themes were written down during the interview and cross checked afterwards against the recordings

Q1: GP training in China – pros and cons

Questions (English)

Have you ever participated in any GP training programme in China?

What are the components included in these GP training programmes?

How would you evaluate these GP training programmes?

How would you evaluate the current GP Training ecology in China?

What are the advantages and disadvantages of the current GP Training system in China? Any suggestions for improvement?

Q2: Comparisons of overseas and China GP training

Questions (English)

Have you ever participated in any GP training programme managed by overseas institutions?

What are the components included in these GP training programmes?

How would you evaluate these overseas GP training programmes?

Q3: Training led by specialists vs GPs

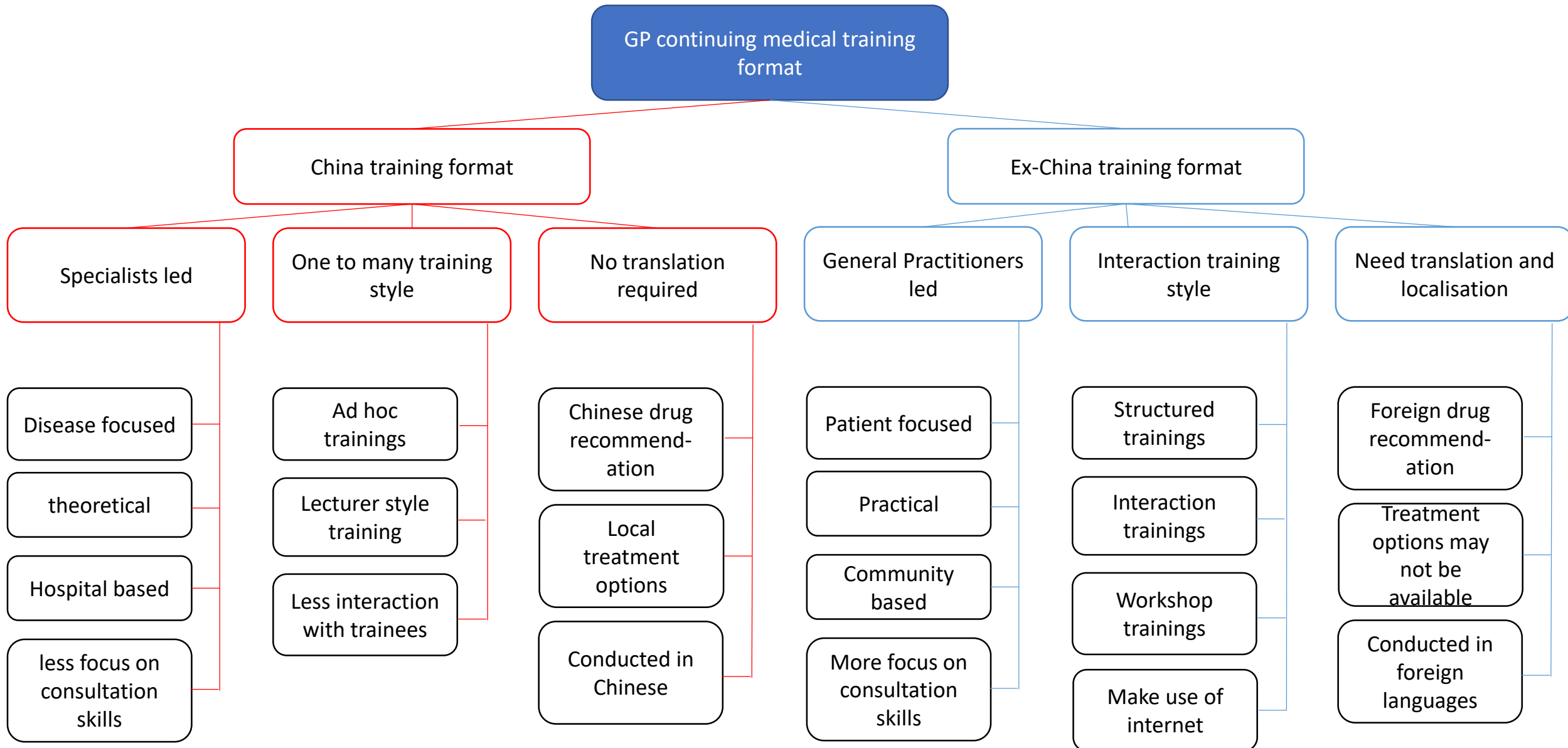
Questions (English)

The current training mode of GP Training in China is mainly "Specialists teach General Practitioners". What are the pros and cons?

Overseas GP Training mainly adopts the mode of "GP teach GP". What are the pros and cons?

Which mode do you think have better effect? When you choose GP training programmes, which one do you tend to choose? Why?

The feedback tree



Discussions from findings

- The current GP training model is not sufficient enough to equip GP doctors serving on the frontline to deliver quality primary care. It is not sufficiently practical to serve the day to day needs of front line GP doctors
- A localized, GP-led training programme delivered in Chinese would be more appropriate and more practical than the current specialist led GP training programme
- Future GP training programmes can integrate certain SP training modules, but overall, commitment to GP-led training will be one of the key factors for GP managers to invest in as one of the measures to retain, train and recruit more GPs

Limitations and future research areas

- Small number of doctors interviewed
- Geographical limitations – should expand to other regions in China
- Should also interview the GP managers to seek their views on effectiveness of China vs Ex-China GP training
- Further in depth research on GP training content and training delivery format to seek further improvement in training